

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
CARE COMPLEX	I	15-0076	I	FROM 7/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
COST REPORT CERTIFICATION	I		I	TO 6/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/24/2008 TIME 18:16

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

SAINT JOSEPH REG MED CTR-PLY CAMPUS 15-0076

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX	
1		A 2	B 3	4	
1	HOSPITAL	0	55,778	-360,565	0
100	TOTAL	0	55,778	-360,565	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (05/2008)
I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
HOSPITAL & HOSPITAL HEALTH CARE COMPLEX I 15-0076 I FROM 7/ 1/2007 I WORKSHEET S-2
IDENTIFICATION DATA I TO 6/30/2008 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1915 LAKE AVE P.O. BOX: 670
1.01 CITY: PLYMOUTH STATE: IN ZIP CODE: 46563- COUNTY: MARSHALL
HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, I, O OR N)
0	1	2	2.01	3	4 5 6
02.00	HOSPITAL	SAINT JOSEPH REG MED CTR-PLY CAMPUS	15-0076	7/ 1/1996	N P P
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 7/ 1/2007	TO: 6/30/2008		
18	TYPE OF CONTROL			1	2
19	TYPE OF HOSPITAL/SUBPROVIDER			1	
20	HOSPITAL			1	
21	SUBPROVIDER				
21	OTHER INFORMATION				
21.01	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.				
21.02	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y				
21.03	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).				
21.04	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N Y 43780				
21.05	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2				
21.06	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2				
22	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. Y				
23	ARE YOU CLASSIFIED AS A REFERRAL CENTER? N				
23.01	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N				
23.02	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /				
23.03	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /				
23.04	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /				
23.05	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /				
23.06	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /				
23.07	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /				
24	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / /				
24.01	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /				
25	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /				
25.01	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N				
25.02	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N				
25.03	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.				
25.04	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N				
25.05	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N				
25.06	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c) (3) OR 42 CFR 412.105(f) (1) (iv) (B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)				

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (05/2008) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 HOSPITAL & HOSPITAL HEALTH CARE COMPLEX I 15-0076 I FROM 7/ 1/2007 I WORKSHEET S-2
 IDENTIFICATION DATA I I TO 6/30/2008 I

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE
 RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c) (4) OR 42 CFR 412.105(f) (1) (iv) (C)? ENTER "Y"
 FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT
 IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.
 SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 N / /
 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR
 THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE
 OCTOBER 1ST (SEE INSTRUCTIONS) 0 0.0000 0.0000

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL
 INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER 0.00 0
 THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR
 TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE
 OR TWO CHARACTER CODE IF RURAL BASED FACILITY
 A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN
 INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE
 USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL
 EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN
 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES
 ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

28.03 STAFFING % Y/N 0.00%
 28.04 RECRUITMENT 0.00%
 28.05 RETENTION 0.00%
 28.06 TRAINING 0.00%
 28.07 0.00%
 28.08 0.00%
 28.09 0.00%
 28.10 0.00%
 28.11 0.00%
 28.12 0.00%
 28.13 0.00%
 28.14 0.00%
 28.15 0.00%
 28.16 0.00%
 28.17 0.00%
 28.18 0.00%
 28.19 0.00%
 28.20 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE N
 AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS N
 HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH?
 SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF
 PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBILE FOR COST REIMBURSEMENT FOR AMBULANCE
 SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST
 BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBILE FOR COST REIMBURSEMENT FOR I&R
 TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD
 NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF
 YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO
 IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO
 YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR
 NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f) (1) (i) TEFRA? N
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40 (f) (1) (i)? N
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40 (f) (1) (i)? N
 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40 (f) (1) (i)?
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40 (f) (1) (i)?
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40 (f) (1) (i)?

V XVIII XIX
 1 2 3
 PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL Y Y Y
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE

WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N

37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N

37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y

38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N

38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N

38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N

38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? Y

IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. 15H034

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y

40.01 NAME: SAINT JOSEPH REG MED CTR FI/CONTRACTOR NAME NGS FI/CONTRACTOR # 00130

40.02 STREET: 801 E LASALLE AVE P.O. BOX:

40.03 CITY: SOUTH BEND STATE: IN ZIP CODE: 46617-

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y

42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N

42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N

42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N

43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N

44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N

45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000

SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.

45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?

45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?

45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?

46 IF YOU ARE PARTICIPATING IN THE NHCMDQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)					N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV					N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /					
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					
PREMIUMS:			0		
PAID LOSSES:			0		
AND/OR SELF INSURANCE:			0		
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.					N
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.					
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.					
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.					0.00
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.					0.00
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?					N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.					N
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d) (1) (iii) (2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).					
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)					N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)					N

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HOSPITAL & HOSPITAL HEALTH CARE COMPLEX I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
IDENTIFICATION DATA I 15-0076 I FROM 7/ 1/2007 I WORKSHEET S-2
I TO 6/30/2008 I

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

MULTICAMPUS
61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO. N
IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL1. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

		I/P DAYS /		O/P VISITS	/ TRIPS		-- INTERNS & RES. FTES --	
COMPONENT		TITLE XIX ADMITTED	OBSERVATION NOT ADMITTED	TOTAL ALL PATS	TOTAL OBSERVATION ADMITTED	BEDS NOT ADMITTED	TOTAL	LESS I&R REPL NON-PHYS ANES
		5.01	5.02	6	6.01	6.02	7	8
1	ADULTS & PEDIATRICS			7,362				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			7,362				
6	INTENSIVE CARE UNIT			1,567				
7	CORONARY CARE UNIT							
8	BURN INTENSIVE CARE UNIT							
9	SURGICAL INTENSIVE CARE UNIT							
11	NURSERY			627				
12	TOTAL			9,556				
13	RPCH VISITS							
14	SUBPROVIDER							
15	SKILLED NURSING FACILITY							
16	NURSING FACILITY							
16	01 ICF/MR							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY							
20	AMBULATORY SURGICAL CENTER (
21	HOSPICE							
23	CORF							
25	TOTAL							
26	OBSERVATION BED DAYS	11	70	419	47	372		
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

		I & R FTES	--- FULL TIME EQUIV ---	DISCHARGES			
COMPONENT		NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX TOTAL ALL PATIENTS
1	ADULTS & PEDIATRICS	9	10	11	12	13	15
2	HMO					1,035	2,390
2	01 HMO - (IRF PPS SUBPROVIDER)					397	
3	ADULTS & PED-SB SNF						
4	ADULTS & PED-SB NF						
5	TOTAL ADULTS AND PEDS						
6	INTENSIVE CARE UNIT						
7	CORONARY CARE UNIT						
8	BURN INTENSIVE CARE UNIT						
9	SURGICAL INTENSIVE CARE UNIT						
11	NURSERY						
12	TOTAL		290.00			1,035	2,390
13	RPCH VISITS						
14	SUBPROVIDER						
15	SKILLED NURSING FACILITY						
16	NURSING FACILITY						

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (04/2005) CONTD

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
HOSPITAL AND HOSPITAL HEALTH CARE	I	15-0076	I	FROM 7/ 1/2007	I	WORKSHEET S-3
COMPLEX STATISTICAL DATA	I		I	TO 6/30/2008	I	PART I

		I & R FTES	--- FULL TIME EQUIV ---	DISCHARGES			
COMPONENT	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
	9	10	11	12	13	14	15
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL		290.00					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1	SALARIES						
2	TOTAL SALARY	15,307,780		15,307,780	600,470.00	25.49	
3	NON-PHYSICIAN ANESTHETIST PART A						
4	NON-PHYSICIAN ANESTHETIST PART B						
4.01	PHYSICIAN - PART A	16,346		16,346	175.00	93.41	Trial Balance and Payrol
5	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5.01	PHYSICIAN - PART B	1,981,517		1,981,517	7,210.00	274.83	Trial Balance and Payrol
6	NON-PHYSICIAN - PART B						
6.01	INTERNS & RESIDENTS (APPRVD)						
7	CONTRACT SERVICES, I&R						
8	HOME OFFICE PERSONNEL SNF						
8.01	EXCLUDED AREA SALARIES	96,755		96,755	2,063.00	46.90	Payroll Reports
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR:	15,253		15,253	255.00	59.82	
9.02	PHARMACY SERVICES UNDER CONTRACT						
9.03	LABORATORY SERVICES UNDER CONTRACT						
10	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10.01	CONTRACT LABOR: PHYS PART A	89,353		89,353	175.00	510.59	Physician Reports
11	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
12	HOME OFFICE SALARIES & WAGE RELATED COSTS	3,735,240		3,735,240	73,398.00	50.89	Home Office Cost Report
12.01	HOME OFFICE: PHYS PART A						
13	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
14	WAGE RELATED COSTS						
15	WAGE-RELATED COSTS (CORE)	3,795,104		3,795,104			CMS 339
16	WAGE-RELATED COSTS (OTHER)						CMS 339
17	EXCLUDED AREAS	23,987		23,987			CMS 339
18	NON-PHYS ANESTHETIST PART A						CMS 339
18.01	NON-PHYS ANESTHETIST PART B						CMS 339
19	PHYSICIAN PART A	4,053		4,053			CMS 339
19.01	PART A TEACHING PHYSICIANS						CMS 339
20	PHYSICIAN PART B	1,113		1,113			CMS 339
21	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
22	INTERNS & RESIDENTS (APPRVD)						CMS 339
23	OVERHEAD COSTS - DIRECT SALARIES						
24	EMPLOYEE BENEFITS	122,741		122,741	6,486.00	18.92	
25	ADMINISTRATIVE & GENERAL	1,751,341		1,751,341	82,451.00	21.24	
26	A & G UNDER CONTRACT						
27	MAINTENANCE & REPAIRS						
28	OPERATION OF PLANT	346,922		346,922	15,550.00	22.31	
29	LAUNDRY & LINEN SERVICE						
30	HOUSEKEEPING	390,617		390,617	35,253.00	11.08	
31	HOUSEKEEPING UNDER CONTRACT						
32	DIETARY	232,858		232,858	18,627.00	12.50	
33	DIETARY UNDER CONTRACT						
34	CAFETERIA						
35	MAINTENANCE OF PERSONNEL						
36	NURSING ADMINISTRATION	389,486		389,486	11,579.00	33.64	
37	CENTRAL SERVICE AND SUPPLY						
38	PHARMACY	423,191		423,191	11,557.00	36.62	
39	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	414,169		414,169	21,651.00	19.13	
40	SOCIAL SERVICE						
41	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	13,326,263		13,326,263	593,260.00	22.46	
2	EXCLUDED AREA SALARIES	96,755		96,755	2,063.00	46.90	
3	SUBTOTAL SALARIES	13,229,508		13,229,508	591,197.00	22.38	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	3,839,846		3,839,846	73,828.00	52.01	
5	SUBTOTAL WAGE-RELATED COSTS	3,799,157		3,799,157		28.72	
6	TOTAL	20,868,511		20,868,511	665,025.00	31.38	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	4,071,325		4,071,325	203,154.00	20.04	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER
LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE
JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)
DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET
WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD
DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT
SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN
YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE
ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE
CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON
CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE
DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS
(SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO
BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY
LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL
POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%
OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%
OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF
THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME
PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH
PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY
MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?
IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT
GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING
COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM
GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE
TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE
CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE 3,827,000

17.01 GROSS MEDICAID REVENUES 3,957,798

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 7,784,798

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL
INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,
DIVIDED BY COLUMN 8, LINE 103) .351249

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST
(LINE 23 * LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 * LINE 26)

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 3,957,798

Health Financial Systems	MCRIF32	FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
		I PROVIDER NO:	I PERIOD:
		I 15-0076	I FROM 7/ 1/2007
		I	I TO 6/30/2008
		I	I

HOSPITAL UNCOMPENSATED CARE DATA

DESCRIPTION		
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	1,390,173
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	3,827,000
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,344,230
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	1,390,173

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				1,357,791	1,357,791
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				1,364,321	1,364,321
5	0500	EMPLOYEE BENEFITS	122,741	-665,567	-542,826	301,740	-241,086
6	0600	ADMINISTRATIVE & GENERAL	1,751,341	11,587,935	13,339,276	-1,683,556	11,655,720
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	346,922	1,263,848	1,610,770	-97,549	1,513,221
9	0900	LAUNDRY & LINEN SERVICE		150,992	150,992		150,992
10	1000	HOUSEKEEPING	390,617	379,768	770,385	-253	770,132
11	1100	DIETARY	232,858	595,268	828,126	-4,675	823,451
12	1200	CAFETERIA					
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	389,486	127,486	516,972	-10,145	506,827
15	1500	CENTRAL SERVICES & SUPPLY					
16	1600	PHARMACY	423,191	1,116,033	1,539,224	-1,027,443	511,781
17	1700	MEDICAL RECORDS & LIBRARY	414,169	310,769	724,938	-7,128	717,810
18	1800	SOCIAL SERVICE					
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMED ED PRGM					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	2,842,806	1,269,415	4,112,221	-957,188	3,155,033
26	2600	INTENSIVE CARE UNIT	858,115	356,193	1,214,308	-38,295	1,176,013
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER					
33	3300	NURSERY				444,277	444,277
34	3400	SKILLED NURSING FACILITY					
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,789,822	3,744,333	5,534,155	-300,918	5,233,237
38	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM				444,277	444,277
40	4000	ANESTHESIOLOGY					
41	4100	RADIOLOGY-DIAGNOSTIC	839,903	1,029,814	1,869,717	-522,666	1,347,051
42	4200	RADIOLOGY-THERAPEUTIC	287,238	280,099	567,337	-111,043	456,294
43	4300	RADIOISOTOPE					
44	4400	LABORATORY	908,556	1,948,457	2,857,013	968	2,857,981
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	500,485	505,930	1,006,415	-90,227	916,188
50	5000	PHYSICAL THERAPY	786,049	432,610	1,218,659	-25,074	1,193,585
51	5100	OCCUPATIONAL THERAPY					
52	5200	SPEECH PATHOLOGY					
53	5300	ELECTROCARDIOLOGY					
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	59,137	389,249	448,386		448,386
56	5600	DRUGS CHARGED TO PATIENTS				990,910	990,910
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART)					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC					
60.01	6001	CLINIC	177	30	207		207
60.02	6002	CLINIC	203,146	68,547	271,693		271,693
60.03	6003	CLINIC	169,909	156,928	326,837	-4,469	322,368
60.04	6004	CLINIC		8,333	8,333		8,333
61	6100	EMERGENCY	1,894,357	1,589,655	3,484,012	-23,655	3,460,357
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY					
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D.P.)					
93	9300	HOSPICE					
95		SUBTOTALS	15,211,025	26,646,125	41,857,150	-0-	41,857,150
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.02	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN		165,323	165,323		165,323
97	9700	RESEARCH					

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1996)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0076 I FROM 7/ 1/2007 I WORKSHEET A
I I TO 6/30/2008 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES	15,385	45,705	61,090		61,090
98.01	9801 PHYSICIANS' PRIVATE OFFICES	81,370	67,863	149,233		149,233
99	9900 NONPAID WORKERS					
101	TOTAL	15,307,780	26,925,016	42,232,796	-0-	42,232,796

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	4,145	1,361,936
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	-121,488	1,242,833
5	0500	EMPLOYEE BENEFITS	241,086	
6	0600	ADMINISTRATIVE & GENERAL	-2,386,449	9,269,271
7	0700	MAINTENANCE & REPAIRS		
8	0800	OPERATION OF PLANT	-459	1,512,762
9	0900	LAUNDRY & LINEN SERVICE		150,992
10	1000	HOUSEKEEPING		770,132
11	1100	DIETARY	-164,636	658,815
12	1200	CAFETERIA		
13	1300	MAINTENANCE OF PERSONNEL		
14	1400	NURSING ADMINISTRATION		506,827
15	1500	CENTRAL SERVICES & SUPPLY		
16	1600	PHARMACY	-296	511,485
17	1700	MEDICAL RECORDS & LIBRARY	-555	717,255
18	1800	SOCIAL SERVICE		
20	2000	NONPHYSICIAN ANESTHETISTS		
21	2100	NURSING SCHOOL		
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400	PARAMED ED PRGM		
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-3,155	3,151,878
26	2600	INTENSIVE CARE UNIT	-166	1,175,847
27	2700	CORONARY CARE UNIT		
28	2800	BURN INTENSIVE CARE UNIT		
29	2900	SURGICAL INTENSIVE CARE UNIT		
31	3100	SUBPROVIDER		
33	3300	NURSERY		444,277
34	3400	SKILLED NURSING FACILITY		
35	3500	NURSING FACILITY		
35.01	3510	ICF/MR		
36	3600	OTHER LONG TERM CARE		
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-878,185	4,355,052
38	3800	RECOVERY ROOM		
39	3900	DELIVERY ROOM & LABOR ROOM		444,277
40	4000	ANESTHESIOLOGY		
41	4100	RADIOLOGY-DIAGNOSTIC	-3,180	1,343,871
42	4200	RADIOLOGY-THERAPEUTIC	-99,574	356,720
43	4300	RADIOISOTOPE		
44	4400	LABORATORY		2,857,981
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700	BLOOD STORING, PROCESSING & TRANS.		
48	4800	INTRAVENOUS THERAPY		
49	4900	RESPIRATORY THERAPY	-14,999	901,189
50	5000	PHYSICAL THERAPY	-115	1,193,470
51	5100	OCCUPATIONAL THERAPY		
52	5200	SPEECH PATHOLOGY		
53	5300	ELECTROCARDIOLOGY		
54	5400	ELECTROENCEPHALOGRAPHY		
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		448,386
56	5600	DRUGS CHARGED TO PATIENTS		990,910
57	5700	RENAL DIALYSIS		
58	5800	ASC (NON-DISTINCT PART)		
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC		
60.01	6001	CLINIC		207
60.02	6002	CLINIC	-37,750	233,943
60.03	6003	CLINIC	-202	322,166
60.04	6004	CLINIC		8,333
61	6100	EMERGENCY	-1,875,320	1,585,037
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
64	6400	HOME PROGRAM DIALYSIS		
65	6500	AMBULANCE SERVICES		
66	6600	DURABLE MEDICAL EQUIP-RENTED		
67	6700	DURABLE MEDICAL EQUIP-SOLD		
69	6900	CORE		
70	7000	I&R SERVICES-NOT APPRVD PRGM		
71	7100	HOME HEALTH AGENCY		
		SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE		-0-
89	8900	UTILIZATION REVIEW-SNF		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
92	9200	AMBULATORY SURGICAL CENTER (D.P.)		
93	9300	HOSPICE		
95		SUBTOTALS	-5,341,298	36,515,852
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.02	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN		165,323
97	9700	RESEARCH		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

98	9800	PHYSICIANS' PRIVATE OFFICES
98.01	9801	PHYSICIANS' PRIVATE OFFICES
99	9900	NONPAID WORKERS
101		TOTAL

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I 15-0076 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET

I I TO 6/30/2008 I

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	CLINIC	6001	CLINIC
60.02	CLINIC	6002	CLINIC
60.03	CLINIC	6003	CLINIC
60.04	CLINIC	6004	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
98.01	PHYSICIANS' PRIVATE OFFICES	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL	0000	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(09/1996)
 ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE I 15-0076 I FROM 7/ 1/2007 I WORKSHEET A-7
 COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS I I TO 6/30/2008 I PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	477,930					477,930	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	30,054,866	2,322,595		2,322,595		32,377,461	14,166,208
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	154,921,314	2,115,344		2,115,344	810,981	156,225,677	4,237,322
7	SUBTOTAL	185,454,110	4,437,939		4,437,939	810,981	189,081,068	18,403,530
8	RECONCILING ITEMS							
9	TOTAL	185,454,110	4,437,939		4,437,939	810,981	189,081,068	18,403,530

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(12/1999)
 RECONCILIATION OF CAPITAL COSTS CENTERS I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0076 I FROM 7/ 1/2007 I WORKSHEET A-7
 I I TO 6/30/2008 I PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS		RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITIALIZED LEASES		GROSS ASSETS FOR RATIO	INSURANCE	TAXES		OTHER CAPITAL RELATED COSTS
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,015,520		342,271	4,145			1,361,936
4	NEW CAP REL COSTS-MV	1,364,321		-121,488				1,242,833
5	TOTAL	2,379,841		220,783	4,145			2,604,769

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

- * All lines numbers except line 5 are to be consistent with Workhseet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.
 Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(09/2000)
 STATEMENT OF COSTS OF SERVICES I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 FROM RELATED ORGANIZATIONS AND I 15-0076 I FROM 7/ 1/2007 I
 HOME OFFICE COSTS I I TO 6/30/2008 I WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	ADMINISTRATIVE & GENERAL	HO REPORT NON CAP RELATED	6,124,837	5,873,020	251,817	
2	5	EMPLOYEE BENEFITS	EMPLOYEE HEALTH STOP LOSS	97,180	164,864	-67,684	
3	5	EMPLOYEE BENEFITS	WORKER'S COMP	19,612	89,174	-69,562	
4	3	NEW CAP REL COSTS-BLDG &	PROPERTY INSURANCE	39,664	35,519	4,145	12
4.01	6	ADMINISTRATIVE & GENERAL	MALPRACICE INSURANCE	60,352	251,528	-191,176	
4.02	6	ADMINISTRATIVE & GENERAL	RISK INSURANCE	47,005	49,373	-2,368	
4.03	5	EMPLOYEE BENEFITS	PENSION	969,045	590,713	378,332	
4.04	6	ADMINISTRATIVE & GENERAL	RETIREE HEALTH	10,431	-107,895	118,326	
4.05	6	ADMINISTRATIVE & GENERAL	HO REPORT CAP RELATED COS	943,079		943,079	
5		TOTALS		8,311,205	6,946,296	1,364,909	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	100.00	TRINITY HEALTH	100.00	PARENT
2	G	100.00	SJPMC-INC	100.00	HOME OFFICE
3	G	100.00		100.00	HOSPITAL
4	G	100.00		100.00	HOSPITAL
5	G	100.00		100.00	HOSPITAL

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

PROVIDER BASED PHYSICIAN ADJUSTMENTS I 15-0076 I FROM 7/ 1/2007 I WORKSHEET A-8-2

I I TO 6/30/2008 I GROUP 1

	WKSHT A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
	LINE NO.								
	1	2	3	4	5	6	7	8	9
1	6	AGGREGATE	120,703	81,350	39,353	142,500	263	18,018	901
2	37	AGGREGATE	874,625	874,625					
3	44	AGGREGATE	50,000		50,000	208,000	1,175	117,500	5,875
4	61	AGGREGATE	1,045,037	1,028,691	16,346	142,500	175	11,989	599
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	2,090,365	1,984,666	105,699		1,613	147,507	7,375

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0076 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	CAFETERIA FTES	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	NURSING FTES	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSIGNED TIME	NOT ENTERED

Health Financial Systems		MCRIF32	FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS				IN LIEU OF FORM CMS-2552-96(9/1997)				
COST ALLOCATION - GENERAL SERVICE COSTS			I	PROVIDER NO:	I	PERIOD:	I	PREPARED	11/24/2008		
			I	15-0076	I	FROM 7/ 1/2007	I	WORKSHEET B			
			I		I	TO 6/30/2008	I	PART I			
		NET EXPENSES	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE		SUBTOTAL		
	COST CENTER	FOR COST	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS				
	DESCRIPTION	ALLOCATION									
		0	1	2	3	4	5		5a.00		
	GENERAL SERVICE COST CNTR										
001	OLD CAP REL COSTS-BLDG &										
002	OLD CAP REL COSTS-MVBLE E										
003	NEW CAP REL COSTS-BLDG &	1,361,936			1,361,936						
004	NEW CAP REL COSTS-MVBLE E	1,242,833				1,242,833					
005	EMPLOYEE BENEFITS										
006	ADMINISTRATIVE & GENERAL	9,269,271			178,994	34,058			9,482,32		
007	MAINTENANCE & REPAIRS										
008	OPERATION OF PLANT	1,512,762			267,021	35,863			1,815,646		
009	LAUNDRY & LINEN SERVICE	150,992			6,419				157,411		
010	HOUSEKEEPING	770,132			13,685	230			784,047		
011	DIETARY	658,815			23,970	4,242			687,027		
012	CAFETERIA				21,269				21,269		
013	MAINTENANCE OF PERSONNEL										
014	NURSING ADMINISTRATION	506,827				9,205			516,032		
015	CENTRAL SERVICES & SUPPLY				36,034				36,034		
016	PHARMACY	511,485			13,145	47,359			571,989		
017	MEDICAL RECORDS & LIBRARY	717,255			41,457	6,468			765,180		
018	SOCIAL SERVICE										
020	NONPHYSICIAN ANESTHETISTS										
021	NURSING SCHOOL										
022	I&R SERVICES-SALARY & FRI										
023	I&R SERVICES-OTHER PRGM C										
024	PARAMED ED PRGM										
	INPAT ROUTINE SRVC CNTRS										
025	ADULTS & PEDIATRICS	3,151,878			192,096	61,842			3,405,816		
026	INTENSIVE CARE UNIT	1,175,847			39,381	34,544			1,249,772		
027	CORONARY CARE UNIT										
028	BURN INTENSIVE CARE UNIT										
029	SURGICAL INTENSIVE CARE U										
031	SUBPROVIDER										
033	NURSERY	444,277			4,343				448,620		
034	SKILLED NURSING FACILITY										
035	NURSING FACILITY										
035	01 ICF/MR										
036	OTHER LONG TERM CARE										
	ANCILLARY SRVC COST CNTRS										
037	OPERATING ROOM	4,355,052			154,420	273,048			4,782,520		
038	RECOVERY ROOM										
039	DELIVERY ROOM & LABOR ROO	444,277			8,918				453,195		
040	ANESTHESIOLOGY										
041	RADIOLOGY-DIAGNOSTIC	1,343,871			73,964	473,758			1,891,593		
042	RADIOLOGY-THERAPEUTIC	356,720			95,857	97,375			549,952		
043	RADIOISOTOPE										
044	LABORATORY	2,857,981			40,091	44,491			2,942,563		
045	PBP CLINICAL LAB SERVICES										
046	WHOLE BLOOD & PACKED RED										
047	BLOOD STORING, PROCESSING										
048	INTRAVENOUS THERAPY										
049	RESPIRATORY THERAPY	901,189			25,866	76,817			1,003,872		
050	PHYSICAL THERAPY	1,193,470			44,370	3,182			1,241,022		
051	OCCUPATIONAL THERAPY										
052	SPEECH PATHOLOGY										
053	ELECTROCARDIOLOGY										
054	ELECTROENCEPHALOGRAPHY										
055	MEDICAL SUPPLIES CHARGED	448,386							448,386		
056	DRUGS CHARGED TO PATIENTS	990,910							990,910		
057	RENAL DIALYSIS										
058	ASC (NON-DISTINCT PART)										
	OUTPAT SERVICE COST CNTRS										
060	CLINIC										
060	01 CLINIC	207							207		
060	02 CLINIC	233,943							233,943		
060	03 CLINIC	322,166				4,055			326,221		
060	04 CLINIC	8,333							8,333		
061	EMERGENCY	1,585,037			77,734	36,296			1,699,067		
062	OBSERVATION BEDS (NON-DIS										
	OTHER REIMBURS COST CNTRS										
064	HOME PROGRAM DIALYSIS										
065	AMBULANCE SERVICES										
066	DURABLE MEDICAL EQUIP-REN										
067	DURABLE MEDICAL EQUIP-SOL										
069	CORF										
070	I&R SERVICES-NOT APPRVD P										
071	HOME HEALTH AGENCY										
	SPEC PURPOSE COST CENTERS										
092	AMBULATORY SURGICAL CENTE										
093	HOSPICE										
095	SUBTOTALS	36,515,852			1,359,034	1,242,833			36,512,950		
	NONREIMBURS COST CENTERS										
096	GIFT, FLOWER, COFFEE SHOP				2,902				2,902		
096	01 GIFT, FLOWER, COFFEE SHOP										
096	02 GIFT, FLOWER, COFFEE SHOP	165,323							165,323		
097	RESEARCH										
098	PHYSICIANS' PRIVATE OFFIC	61,090							61,090		
098	01 PHYSICIANS' PRIVATE OFFIC	149,233							149,233		

Health Financial Systems		MCRIF32	FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS		IN LIEU OF FORM CMS-2552-96(9/1997)CONTD			
			I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
COST ALLOCATION - GENERAL SERVICE COSTS			I	15-0076	I	FROM 7/ 1/2007	I	WORKSHEET B
			I		I	TO 6/30/2008	I	PART I

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
		0	1	2	3	4	5	
	NONREIMBURS COST CENTERS							5a.00
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	36,891,498			1,361,936	1,242,833		36,891,498

Health Financial Systems		MCRIF32	FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1997)CONTD					
COST ALLOCATION - GENERAL SERVICE COSTS			I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008			
			I 15-0076	I FROM 7/ 1/2007	I WORKSHEET B			
			I	I TO 6/30/2008	I PART I			
COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL	9,482,323						
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	628,130		2,443,776				
010	LAUNDRY & LINEN SERVICE	54,457		17,126	228,994			
011	HOUSEKEEPING	271,244		36,513		1,091,804		
012	DIETARY	237,680		63,954		29,214	1,017,875	
013	CAFETERIA	7,358		56,747		25,922		111,296
014	MAINTENANCE OF PERSONNEL							
015	NURSING ADMINISTRATION	178,523						3,290
016	CENTRAL SERVICES & SUPPLY	12,466		96,142		43,917		
017	PHARMACY	197,882		35,071		16,020		3,290
018	MEDICAL RECORDS & LIBRARY	264,717		110,612		50,527		5,483
019	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	1,178,256		512,534	80,657	234,122	834,996	23,025
027	INTENSIVE CARE UNIT	432,364		105,073	18,544	47,997	182,879	7,127
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
030	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER							
032	NURSERY	155,202		11,587	7,591	5,293		2,741
033	SKILLED NURSING FACILITY							
034	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM	1,654,540		412,011	46,387	188,205		16,448
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR ROO	156,785		23,795	7,591	10,870		2,741
041	ANESTHESIOLOGY							
042	RADIOLOGY-DIAGNOSTIC	654,404		197,344	21,237	90,146		7,676
043	RADIOLOGY-THERAPEUTIC	190,258		255,758	4,563	116,829		2,193
044	RADIOISOTOPE							
045	LABORATORY	1,017,991		106,966		48,862		12,062
046	PBP CLINICAL LAB SERVICES							
047	WHOLE BLOOD & PACKED RED							
048	BLOOD STORING, PROCESSING							
049	INTRAVENOUS THERAPY							
050	RESPIRATORY THERAPY	347,294		69,012	5,401	31,525		4,934
051	PHYSICAL THERAPY	429,337		118,384	14,092	54,077		7,676
052	OCCUPATIONAL THERAPY							
053	SPEECH PATHOLOGY							
054	ELECTROCARDIOLOGY							
055	ELECTROENCEPHALOGRAPHY							
056	MEDICAL SUPPLIES CHARGED	155,121			2,354			1,097
057	DRUGS CHARGED TO PATIENTS	342,809						
058	RENAL DIALYSIS							
059	ASC (NON-DISTINCT PART)							
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
062	01 CLINIC	72						
063	02 CLINIC	80,934						
064	03 CLINIC	112,857						
065	04 CLINIC	2,883						
066	EMERGENCY	587,799		207,404	20,577	94,741		11,513
067	OBSERVATION BEDS (NON-DIS							
068	OTHER REIMBURS COST CNTRS							
069	HOME PROGRAM DIALYSIS							
070	AMBULANCE SERVICES							
071	DURABLE MEDICAL EQUIP-REN							
072	DURABLE MEDICAL EQUIP-SOL							
073	CORF							
074	I&R SERVICES-NOT APPRVD P							
075	HOME HEALTH AGENCY							
076	SPEC PURPOSE COST CENTERS							
077	AMBULATORY SURGICAL CENTE							
078	HOSPICE							
079	SUBTOTALS	9,351,363		2,436,033	228,994	1,088,267	1,017,875	111,296
080	NONREIMBURS COST CENTERS							
081	GIFT, FLOWER, COFFEE SHOP	1,004		7,743		3,537		
082	01 GIFT, FLOWER, COFFEE SHOP							
083	02 GIFT, FLOWER, COFFEE SHOP	57,194						
084	RESEARCH							
085	PHYSICIANS' PRIVATE OFFIC	21,134						
086	01 PHYSICIANS' PRIVATE OFFIC	51,628						

Health Financial Systems		MCRIF32	FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1997)CONTD					
			I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
COST ALLOCATION - GENERAL SERVICE COSTS			I	15-0076	I	FROM 7/ 1/2007	I	WORKSHEET B
			I		I	TO 6/30/2008	I	PART I

COST CENTER		ADMINISTRATIV	MAINTENANCE &	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA
DESCRIPTION		E & GENERAL	REPAIRS	PLANT	EN SERVICE			
		6	7	8	9	10	11	12
099	NONREIMBURS COST CENTERS							
101	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	9,482,323		2,443,776	228,994	1,091,804	1,017,875	111,296

Health Financial Systems		MCRIF32	FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1997)CONTD					
COST ALLOCATION - GENERAL SERVICE COSTS			I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008			
			I 15-0076	I FROM 7/ 1/2007	I WORKSHEET B			
			I	I TO 6/30/2008	I PART I			
COST CENTER DESCRIPTION		MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS
		13	14	15	16	17	18	20
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
013	CAFETERIA							
014	MAINTENANCE OF PERSONNEL							
015	NURSING ADMINISTRATION		697,845					
016	CENTRAL SERVICES & SUPPLY			188,559				
017	PHARMACY			44,689	868,941			
018	MEDICAL RECORDS & LIBRARY			313		1,196,832		
019	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS		236,368	8,485	1,232	101,922		
027	INTENSIVE CARE UNIT		73,161	2,509	183	48,625		
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
030	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER							
032	NURSERY		28,139	1,402		8,062		
033	SKILLED NURSING FACILITY							
034	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM		168,833	50,448	5,998	203,101		
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR ROO		28,139	1,402		14,625		
041	ANESTHESIOLOGY							
042	RADIOLOGY-DIAGNOSTIC			11,495	111,380	216,602		
043	RADIOLOGY-THERAPEUTIC		22,511	749		40,633		
044	RADIOISOTOPE							
045	LABORATORY			34,035	57	156,641		
046	PBP CLINICAL LAB SERVICES							
047	WHOLE BLOOD & PACKED RED							
048	BLOOD STORING, PROCESSING							
049	INTRAVENOUS THERAPY							
050	RESPIRATORY THERAPY			3,119	354	72,738		
051	PHYSICAL THERAPY			4,032	1,254	33,798		
052	OCCUPATIONAL THERAPY							
053	SPEECH PATHOLOGY							
054	ELECTROCARDIOLOGY							
055	ELECTROENCEPHALOGRAPHY							
056	MEDICAL SUPPLIES CHARGED					79,074		
057	DRUGS CHARGED TO PATIENTS			16,569	711,056	101,591		
058	RENAL DIALYSIS							
059	ASC (NON-DISTINCT PART)							
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
062	01 CLINIC			1		7		
063	02 CLINIC							
064	03 CLINIC		22,511	3,296	36,932	859		
065	04 CLINIC							
066	EMERGENCY		118,183	6,015	495	118,554		
067	OBSERVATION BEDS (NON-DIS							
068	OTHER REIMBURS COST CNTRS							
069	HOME PROGRAM DIALYSIS							
070	AMBULANCE SERVICES							
071	DURABLE MEDICAL EQUIP-REN							
072	DURABLE MEDICAL EQUIP-SOL							
073	CORF							
074	I&R SERVICES-NOT APPRVD P							
075	HOME HEALTH AGENCY							
076	SPEC PURPOSE COST CENTERS							
077	AMBULATORY SURGICAL CENTE							
078	HOSPICE							
079	SUBTOTALS		697,845	188,559	868,941	1,196,832		
080	NONREIMBURS COST CENTERS							
081	GIFT, FLOWER, COFFEE SHOP							
082	01 GIFT, FLOWER, COFFEE SHOP							
083	02 GIFT, FLOWER, COFFEE SHOP							
084	RESEARCH							
085	PHYSICIANS' PRIVATE OFFIC							
086	01 PHYSICIANS' PRIVATE OFFIC							

Health Financial Systems		MCRIF32		FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS		IN LIEU OF FORM CMS-2552-96(9/1997)CONTD	
				I	PROVIDER NO:	I	PERIOD:
COST ALLOCATION - GENERAL SERVICE COSTS				I	15-0076	I	FROM 7/ 1/2007
				I		I	TO 6/30/2008
						I	PREPARED 11/24/2008
						WORKSHEET B	
						PART I	

COST CENTER		MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	NONPHYSICIAN
DESCRIPTION		F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E	ANESTHETISTS
		13	14	15	16	17	18	20
099	NONREIMBURS COST CENTERS							
101	NONPAID WORKERS							
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
103	TOTAL		697,845	188,559	868,941	1,196,832		

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I 15-0076 I FROM 7/ 1/2007 I WORKSHEET B

I I TO 6/30/2008 I PART I

COST ALLOCATION - GENERAL SERVICE COSTS		NURSING SCHOO I&R SERVICES- I&R SERVICES- PARAMED ED PR SUBTOTAL				I&R COST	TOTAL
COST CENTER DESCRIPTION		L	SALARY & FRI	OTHER PRGM C	GM	POST STEP-DOWN ADJ	
		21	22	23	24	25	26
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY						
018	MEDICAL RECORDS & LIBRARY						
019	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C						
024	PARAMED ED PRGM						
025	INPAT ROUTINE SRVC CNTRS						
026	ADULTS & PEDIATRICS					6,617,413	6,617,413
027	INTENSIVE CARE UNIT					2,168,234	2,168,234
028	CORONARY CARE UNIT						
029	BURN INTENSIVE CARE UNIT						
030	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER						
032	NURSERY					668,637	668,637
033	SKILLED NURSING FACILITY						
034	NURSING FACILITY						
035	01 ICF/MR						
036	OTHER LONG TERM CARE						
037	ANCILLARY SRVC COST CNTRS						
038	OPERATING ROOM					7,528,491	7,528,491
039	RECOVERY ROOM						
040	DELIVERY ROOM & LABOR ROO					699,143	699,143
041	ANESTHESIOLOGY						
042	RADIOLOGY-DIAGNOSTIC					3,201,877	3,201,877
043	RADIOLOGY-THERAPEUTIC					1,183,446	1,183,446
044	RADIOISOTOPE						
045	LABORATORY					4,319,177	4,319,177
046	PBP CLINICAL LAB SERVICES						
047	WHOLE BLOOD & PACKED RED						
048	BLOOD STORING, PROCESSING						
049	INTRAVENOUS THERAPY						
050	RESPIRATORY THERAPY					1,538,249	1,538,249
051	PHYSICAL THERAPY					1,903,672	1,903,672
052	OCCUPATIONAL THERAPY						
053	SPEECH PATHOLOGY						
054	ELECTROCARDIOLOGY						
055	ELECTROENCEPHALOGRAPHY						
056	MEDICAL SUPPLIES CHARGED					686,032	686,032
057	DRUGS CHARGED TO PATIENTS					2,162,935	2,162,935
058	RENAL DIALYSIS						
059	ASC (NON-DISTINCT PART)						
060	OUTPAT SERVICE COST CNTRS						
061	CLINIC						
062	01 CLINIC					287	287
063	02 CLINIC					314,877	314,877
064	03 CLINIC					502,676	502,676
065	04 CLINIC					11,216	11,216
066	EMERGENCY					2,864,348	2,864,348
067	OBSERVATION BEDS (NON-DIS						
068	OTHER REIMBURS COST CNTRS						
069	HOME PROGRAM DIALYSIS						
070	AMBULANCE SERVICES						
071	DURABLE MEDICAL EQUIP-REN						
072	DURABLE MEDICAL EQUIP-SOL						
073	CORF						
074	I&R SERVICES-NOT APPRVD P						
075	HOME HEALTH AGENCY						
076	SPEC PURPOSE COST CENTERS						
077	AMBULATORY SURGICAL CENTE						
078	HOSPICE						
079	SUBTOTALS					36,370,710	36,370,710
080	NONREIMBURS COST CENTERS						
081	GIFT, FLOWER, COFFEE SHOP					15,186	15,186
082	01 GIFT, FLOWER, COFFEE SHOP						
083	02 GIFT, FLOWER, COFFEE SHOP					222,517	222,517
084	RESEARCH						
085	PHYSICIANS' PRIVATE OFFIC					82,224	82,224
086	01 PHYSICIANS' PRIVATE OFFIC					200,861	200,861

Health Financial Systems	MCRIF32	FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1997)CONTD					
		I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
COST ALLOCATION - GENERAL SERVICE COSTS		I	15-0076	I	FROM 7/ 1/2007	I	WORKSHEET B
		I		I	TO 6/30/2008	I	PART I

	COST CENTER DESCRIPTION	NURSING SCHOO L	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
		21	22	23	24	25	26	27
099	NONREIMBURS COST CENTERS							
101	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL					36,891,498		36,891,498

Health Financial Systems		MCRIF32	FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS		IN LIEU OF FORM CMS-2552-96(9/1996)			
ALLOCATION OF NEW CAPITAL RELATED COSTS			I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
			I	15-0076	I	FROM 7/ 1/2007	I	WORKSHEET B
			I		I	TO 6/30/2008	I	PART III

	COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL				178,994	34,058	213,052	
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT				267,021	35,863	302,884	
010	LAUNDRY & LINEN SERVICE				6,419		6,419	
011	HOUSEKEEPING				13,685	230	13,915	
012	DIETARY				23,970	4,242	28,212	
013	CAFETERIA				21,269		21,269	
014	MAINTENANCE OF PERSONNEL							
015	NURSING ADMINISTRATION					9,205	9,205	
016	CENTRAL SERVICES & SUPPLY				36,034		36,034	
017	PHARMACY				13,145	47,359	60,504	
018	MEDICAL RECORDS & LIBRARY				41,457	6,468	47,925	
019	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS				192,096	61,842	253,938	
027	INTENSIVE CARE UNIT				39,381	34,544	73,925	
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
030	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER							
032	NURSERY				4,343		4,343	
033	SKILLED NURSING FACILITY							
034	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM				154,420	273,048	427,468	
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR ROO				8,918		8,918	
041	ANESTHESIOLOGY							
042	RADIOLOGY-DIAGNOSTIC				73,964	473,758	547,722	
043	RADIOLOGY-THERAPEUTIC				95,857	97,375	193,232	
044	RADIOISOTOPE							
045	LABORATORY				40,091	44,491	84,582	
046	PBP CLINICAL LAB SERVICES							
047	WHOLE BLOOD & PACKED RED							
048	BLOOD STORING, PROCESSING							
049	INTRAVENOUS THERAPY							
050	RESPIRATORY THERAPY				25,866	76,817	102,683	
051	PHYSICAL THERAPY				44,370	3,182	47,552	
052	OCCUPATIONAL THERAPY							
053	SPEECH PATHOLOGY							
054	ELECTROCARDIOLOGY							
055	ELECTROENCEPHALOGRAPHY							
056	MEDICAL SUPPLIES CHARGED							
057	DRUGS CHARGED TO PATIENTS							
058	RENAL DIALYSIS							
059	ASC (NON-DISTINCT PART)							
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
062	01 CLINIC							
063	02 CLINIC							
064	03 CLINIC					4,055	4,055	
065	04 CLINIC							
066	EMERGENCY				77,734	36,296	114,030	
067	OBSERVATION BEDS (NON-DIS							
068	OTHER REIMBURS COST CNTRS							
069	HOME PROGRAM DIALYSIS							
070	AMBULANCE SERVICES							
071	DURABLE MEDICAL EQUIP-REN							
072	DURABLE MEDICAL EQUIP-SOL							
073	CORF							
074	I&R SERVICES-NOT APPRVD P							
075	HOME HEALTH AGENCY							
076	SPEC PURPOSE COST CENTERS							
077	AMBULATORY SURGICAL CENTE							
078	HOSPICE							
079	SUBTOTALS				1,359,034	1,242,833	2,601,867	
080	NONREIMBURS COST CENTERS							
081	GIFT, FLOWER, COFFEE SHOP				2,902		2,902	
082	01 GIFT, FLOWER, COFFEE SHOP							
083	02 GIFT, FLOWER, COFFEE SHOP							
084	RESEARCH							
085	PHYSICIANS' PRIVATE OFFIC							
086	01 PHYSICIANS' PRIVATE OFFIC							

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1996)CONTD

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
ALLOCATION OF NEW CAPITAL RELATED COSTS	I	15-0076	I	FROM 7/ 1/2007	I	WORKSHEET B
	I		I	TO 6/30/2008	I	PART III

	COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	0	1	2	3	4	4a	5	EMPLOYEE BENE FITS
	NONREIMBURS COST CENTERS									
099	NONPAID WORKERS									
101	CROSS FOOT ADJUSTMENTS									
102	NEGATIVE COST CENTER									
103	TOTAL					1,361,936	1,242,833	2,604,769		

COST CENTER		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
DESCRIPTION		6	7	8	9	10	11	12
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL	213,052						
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	14,113		316,997				
010	LAUNDRY & LINEN SERVICE	1,224		2,222	9,865			
011	HOUSEKEEPING	6,094		4,736		24,745		
012	DIETARY	5,340		8,296		662	42,510	
013	CAFETERIA	165		7,361		588		29,383
014	MAINTENANCE OF PERSONNEL							
015	NURSING ADMINISTRATION	4,011						868
016	CENTRAL SERVICES & SUPPLY	280		12,471		995		
017	PHARMACY	4,446		4,549		363		868
018	MEDICAL RECORDS & LIBRARY	5,948		14,348		1,145		1,447
019	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	26,473		66,484	3,475	5,307	34,872	6,081
027	INTENSIVE CARE UNIT	9,714		13,630	799	1,088	7,638	1,882
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
030	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER							
032	NURSERY	3,487		1,503	327	120		724
033	SKILLED NURSING FACILITY							
034	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM	37,176		53,444	1,998	4,266		4,342
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR ROO	3,523		3,087	327	246		724
041	ANESTHESIOLOGY							
042	RADIOLOGY-DIAGNOSTIC	14,703		25,599	915	2,043		2,026
043	RADIOLOGY-THERAPEUTIC	4,275		33,176	197	2,648		579
044	RADIOISOTOPE							
045	LABORATORY	22,873		13,875		1,107		3,184
046	PBP CLINICAL LAB SERVICES							
047	WHOLE BLOOD & PACKED RED							
048	BLOOD STORING, PROCESSING							
049	INTRAVENOUS THERAPY							
050	RESPIRATORY THERAPY	7,803		8,952	233	714		1,303
051	PHYSICAL THERAPY	9,646		15,356	607	1,226		2,026
052	OCCUPATIONAL THERAPY							
053	SPEECH PATHOLOGY							
054	ELECTROCARDIOLOGY							
055	ELECTROENCEPHALOGRAPHY							
056	MEDICAL SUPPLIES CHARGED	3,485			101			289
057	DRUGS CHARGED TO PATIENTS	7,702						
058	RENAL DIALYSIS							
059	ASC (NON-DISTINCT PART)							
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
062	01 CLINIC	2						
063	02 CLINIC	1,818						
064	03 CLINIC	2,536						
065	04 CLINIC	65						
066	EMERGENCY	13,207		26,904	886	2,147		3,040
067	OBSERVATION BEDS (NON-DIS							
068	OTHER REIMBURS COST CNTRS							
069	HOME PROGRAM DIALYSIS							
070	AMBULANCE SERVICES							
071	DURABLE MEDICAL EQUIP-REN							
072	DURABLE MEDICAL EQUIP-SOL							
073	CORF							
074	I&R SERVICES-NOT APPRVD P							
075	HOME HEALTH AGENCY							
076	SPEC PURPOSE COST CENTERS							
077	AMBULATORY SURGICAL CENTE							
078	HOSPICE							
079	SUBTOTALS	210,109		315,993	9,865	24,665	42,510	29,383
080	NONREIMBURS COST CENTERS							
081	GIFT, FLOWER, COFFEE SHOP	23		1,004		80		
082	01 GIFT, FLOWER, COFFEE SHOP							
083	02 GIFT, FLOWER, COFFEE SHOP	1,285						
084	RESEARCH							
085	PHYSICIANS' PRIVATE OFFIC	475						
086	01 PHYSICIANS' PRIVATE OFFIC	1,160						

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	NONREIMBURS COST CENTERS	6	7	8	9	10	11	12
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	213,052		316,997	9,865	24,745	42,510	29,383

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1996)CONTD

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0076 I FROM 7/ 1/2007 I WORKSHEET B
I I TO 6/30/2008 I PART III

	COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS
		13	14	15	16	17	18	20
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
013	CAFETERIA							
014	MAINTENANCE OF PERSONNEL							
015	NURSING ADMINISTRATION		14,084					
016	CENTRAL SERVICES & SUPPLY			49,780				
017	PHARMACY			11,798	82,528			
018	MEDICAL RECORDS & LIBRARY			83		70,896		
019	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS		4,771	2,240	117	6,041		
027	INTENSIVE CARE UNIT		1,477	662	17	2,882		
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
030	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER							
032	NURSERY		568	370		478		
033	SKILLED NURSING FACILITY							
034	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM		3,407	13,319	570	12,037		
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR ROO		568	370		867		
041	ANESTHESIOLOGY							
042	RADIOLOGY-DIAGNOSTIC			3,035	10,578	12,801		
043	RADIOLOGY-THERAPEUTIC		454	198		2,408		
044	RADIOISOTOPE							
045	LABORATORY			8,986	5	9,284		
046	PBP CLINICAL LAB SERVICES							
047	WHOLE BLOOD & PACKED RED							
048	BLOOD STORING, PROCESSING							
049	INTRAVENOUS THERAPY							
050	RESPIRATORY THERAPY			823	34	4,311		
051	PHYSICAL THERAPY			1,064	119	2,003		
052	OCCUPATIONAL THERAPY							
053	SPEECH PATHOLOGY							
054	ELECTROCARDIOLOGY							
055	ELECTROENCEPHALOGRAPHY							
056	MEDICAL SUPPLIES CHARGED					4,686		
057	DRUGS CHARGED TO PATIENTS			4,374	67,533	6,021		
058	RENAL DIALYSIS							
059	ASC (NON-DISTINCT PART)							
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
062	01 CLINIC							
063	02 CLINIC							
064	03 CLINIC		454	870	3,508	51		
065	04 CLINIC							
066	EMERGENCY		2,385	1,588	47	7,026		
067	OBSERVATION BEDS (NON-DIS							
068	OTHER REIMBURS COST CNTRS							
069	HOME PROGRAM DIALYSIS							
070	AMBULANCE SERVICES							
071	DURABLE MEDICAL EQUIP-REN							
072	DURABLE MEDICAL EQUIP-SOL							
073	CORF							
074	I&R SERVICES-NOT APPRVD P							
075	HOME HEALTH AGENCY							
076	SPEC PURPOSE COST CENTERS							
077	AMBULATORY SURGICAL CENTE							
078	HOSPICE							
079	SUBTOTALS		14,084	49,780	82,528	70,896		
080	NONREIMBURS COST CENTERS							
081	GIFT, FLOWER, COFFEE SHOP							
082	01 GIFT, FLOWER, COFFEE SHOP							
083	02 GIFT, FLOWER, COFFEE SHOP							
084	RESEARCH							
085	PHYSICIANS' PRIVATE OFFIC							
086	01 PHYSICIANS' PRIVATE OFFIC							

Health Financial Systems		MCRIF32	FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1996)CONTD					
			I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
ALLOCATION OF NEW CAPITAL RELATED COSTS			I	15-0076	I	FROM 7/ 1/2007	I	WORKSHEET B
			I		I	TO 6/30/2008	I	PART III

	COST CENTER DESCRIPTION	MAINTENANCE F PERSONNEL	NURSING ISTRATION	ADMIN CES & SUPPLY	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL E	SERVIC	NONPHYSICIAN ANESTHETISTS
		13	14		15	16	17	18		20
099	NONREIMBURS COST CENTERS									
101	NONPAID WORKERS									
101	CROSS FOOT ADJUSTMENTS									
102	NEGATIVE COST CENTER									
103	TOTAL		14,084		49,780	82,528	70,896			

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1996)CONTD

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
ALLOCATION OF NEW CAPITAL RELATED COSTS	I	15-0076	I	FROM 7/ 1/2007	I	WORKSHEET B
	I		I	TO 6/30/2008	I	PART III

	COST CENTER DESCRIPTION	NURSING SCHOO L	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		21	22	23	24	25	26	27
099	NONREIMBURS COST CENTERS							
101	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL					2,604,769		2,604,769

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1997)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

COST ALLOCATION - STATISTICAL BASIS I 15-0076 I FROM 7/ 1/2007 I WORKSHEET B-1

I I TO 6/30/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	S RECONCIL- IATION
	(SQUARE FEET	(DOLLAR) VALUE	(SQUARE) FEET	(DOLLAR)	VALUE (GROSS) ALARIES	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			128,582			
005 NEW CAP REL COSTS-MVB				1,369,687		
006 EMPLOYEE BENEFITS						
007 ADMINISTRATIVE & GENE			16,899	37,534		-9,482,323
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT			25,210	39,523		
010 LAUNDRY & LINEN SERVI			606			
011 HOUSEKEEPING			1,292	253		
012 DIETARY			2,263	4,675		
013 CAFETERIA			2,008			
014 MAINTENANCE OF PERSON						
015 NURSING ADMINISTRATIO				10,145		
016 CENTRAL SERVICES & SU			3,402			
017 PHARMACY			1,241	52,193		
018 MEDICAL RECORDS & LIB			3,914	7,128		
020 SOCIAL SERVICE						
021 NONPHYSICIAN ANESTHET						
022 NURSING SCHOOL						
023 I&R SERVICES-SALARY &						
024 I&R SERVICES-OTHER PR						
025 PARAMED ED PRGM						
026 INPAT ROUTINE SRVC CN						
027 ADULTS & PEDIATRICS			18,136	68,154		
028 INTENSIVE CARE UNIT			3,718	38,070		
029 CORONARY CARE UNIT						
031 BURN INTENSIVE CARE U						
033 SURGICAL INTENSIVE CA						
034 SUBPROVIDER						
035 NURSERY			410			
036 SKILLED NURSING FACIL						
037 NURSING FACILITY						
038 01 ICF/MR						
039 OTHER LONG TERM CARE						
040 ANCILLARY SRVC COST C						
041 OPERATING ROOM			14,579	300,918		
042 RECOVERY ROOM						
043 DELIVERY ROOM & LABOR			842			
044 ANESTHESIOLOGY						
045 RADIOLOGY-DIAGNOSTIC			6,983	522,113		
046 RADIOLOGY-THERAPEUTIC			9,050	107,314		
047 RADIOISOTOPE						
048 LABORATORY			3,785	49,032		
049 PBP CLINICAL LAB SERV						
050 WHOLE BLOOD & PACKED						
051 BLOOD STORING, PROCES						
052 INTRAVENOUS THERAPY						
053 RESPIRATORY THERAPY			2,442	84,658		
054 PHYSICAL THERAPY			4,189	3,507		
055 OCCUPATIONAL THERAPY						
056 SPEECH PATHOLOGY						
057 ELECTROCARDIOLOGY						
058 ELECTROENCEPHALOGRAPH						
060 MEDICAL SUPPLIES CHAR						
060 DRUGS CHARGED TO PATI						
060 RENAL DIALYSIS						
060 ASC (NON-DISTINCT PAR						
060 OUTPAT SERVICE COST C						
060 CLINIC						
060 01 CLINIC						
060 02 CLINIC						
060 03 CLINIC				4,469		
060 04 CLINIC						
061 EMERGENCY			7,339	40,001		
062 OBSERVATION BEDS (NON						
064 OTHER REIMBURS COST C						
065 HOME PROGRAM DIALYSIS						
066 AMBULANCE SERVICES						
067 DURABLE MEDICAL EQUIP						
069 DURABLE MEDICAL EQUIP						
070 CORF						
071 I&R SERVICES-NOT APPR						
092 HOME HEALTH AGENCY						
093 SPEC PURPOSE COST CEN						
095 AMBULATORY SURGICAL C						
096 HOSPICE						
096 SUBTOTALS			128,308	1,369,687		-9,482,323
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			274			
096 01 GIFT, FLOWER, COFFEE						

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1997)

	I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2008
COST ALLOCATION - STATISTICAL BASIS	I 15-0076	I FROM 7/ 1/2007	I WORKSHEET B-1
	I	I TO 6/30/2008	I

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	S RECONCIL- IATION
		(SQUARE FEET	(DOLLAR)VALUE	(SQUARE) FEET	(DOLLAR)	VALUE (GROSS)ALARIES	
		1	2	3	4	5	6a.00
NONREIMBURS COST CENT							
096	02 GIFT, FLOWER, COFFEE						
097	RESEARCH						
098	PHYSICIANS' PRIVATE O						
098	01 PHYSICIANS' PRIVATE O						
099	NONPAID WORKERS						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED			1,361,936	1,242,833		
	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER			10.591965			
	(WRKSHT B, PT I)				.907385		
105	COST TO BE ALLOCATED						
	(WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER						
	(WRKSHT B, PT II)						
107	COST TO BE ALLOCATED						
	(WRKSHT B, PART III)						
108	UNIT COST MULTIPLIER						
	(WRKSHT B, PT III)						

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(CAFETERIA FTE)
		6	7	8	9	10	11	12
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL	27,409,175						
008	MAINTENANCE & REPAIRS		111,683					
009	OPERATION OF PLANT	1,815,646	25,210	86,473				
010	LAUNDRY & LINEN SERVICE	157,411	606	606	289,470			
011	HOUSEKEEPING	784,047	1,292	1,292		84,575		
012	DIETARY	687,027	2,263	2,263		2,263	29,254	
013	CAFETERIA	21,269	2,008	2,008		2,008		203
014	MAINTENANCE OF PERSONNEL							
015	NURSING ADMINISTRATION	516,032						6
016	CENTRAL SERVICES & SUPPLIES	36,034	3,402	3,402		3,402		
017	PHARMACY	571,989	1,241	1,241		1,241		6
018	MEDICAL RECORDS & LIBRARY	765,180	3,914	3,914		3,914		10
019	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETIST							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & BENEFITS							
023	I&R SERVICES-OTHER PERSONNEL							
024	PARAMEDICAL PROGRAM							
025	INPATIENT ROUTINE SERVICE CENTER							
026	ADULTS & PEDIATRICS	3,405,816	18,136	18,136	101,957	18,136	23,998	42
027	INTENSIVE CARE UNIT	1,249,772	3,718	3,718	23,442	3,718	5,256	13
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
030	SURGICAL INTENSIVE CARE UNIT							
031	SUBPROVIDER							
032	NURSERY	448,620	410	410	9,596	410		5
033	SKILLED NURSING FACILITY							
034	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SERVICE COST CENTER							
038	OPERATING ROOM	4,782,520	14,579	14,579	58,637	14,579		30
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR	453,195	842	842	9,596	842		5
041	ANESTHESIOLOGY							
042	RADIOLOGY-DIAGNOSTIC	1,891,593	6,983	6,983	26,846	6,983		14
043	RADIOLOGY-THERAPEUTIC	549,952	9,050	9,050	5,768	9,050		4
044	RADIOISOTOPE							
045	LABORATORY	2,942,563	3,785	3,785		3,785		22
046	PBP CLINICAL LAB SERVICE							
047	WHOLE BLOOD & PACKED BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	1,003,872	2,442	2,442	6,828	2,442		9
050	PHYSICAL THERAPY	1,241,022	4,189	4,189	17,813	4,189		14
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARACTERIZED	448,386			2,976			2
056	DRUGS CHARGED TO PATIENT	990,910						
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PARAPATIENT SERVICE COST CENTER)							
059	CLINIC							
060	01 CLINIC	207						
060	02 CLINIC	233,943						
060	03 CLINIC	326,221						
060	04 CLINIC	8,333						
061	EMERGENCY	1,699,067	7,339	7,339	26,011	7,339		21
062	OBSERVATION BEDS (NON-REIMBURSABLE COST CENTER)							
063	HOME PROGRAM DIALYSIS							
064	AMBULANCE SERVICES							
065	DURABLE MEDICAL EQUIPMENT							
066	DURABLE MEDICAL EQUIPMENT							
067	CORP							
068	I&R SERVICES-NOT APPROPRIATE							
069	HOME HEALTH AGENCY							
070	SPECIAL PURPOSE COST CENTER							
071	AMBULATORY SURGICAL CENTER							
072	HOSPICE							
073	SUBTOTALS	27,030,627	111,409	86,199	289,470	84,301	29,254	203
074	NONREIMBURSABLE COST CENTER							
075	GIFT, FLOWER, COFFEE	2,902	274	274		274		
076	01 GIFT, FLOWER, COFFEE							

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS)ERVED	S(CAFETERIA FTE)S)
		6	7	8	9	10	11	12
NONREIMBURS COST CENT								
096	02 GIFT, FLOWER, COFFEE	165,323						
097	RESEARCH							
098	PHYSICIANS' PRIVATE O	61,090						
098	01 PHYSICIANS' PRIVATE O	149,233						
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	9,482,323		2,443,776	228,994	1,091,804	1,017,875	111,296
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.345954		28.260567	.791080	12.909299	34.794387	548.256158
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	213,052		316,997	9,865	24,745	42,510	29,383
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.007773		3.665849	.034080	.292581	1.453135	144.743842

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1997)CONTD
 COST ALLOCATION - STATISTICAL BASIS I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 I 15-0076 I FROM 7/ 1/2007 I WORKSHEET B-1
 I I TO 6/30/2008 I

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS
(NUMBER HOUSED	(NURSING FTES)	(COSTED)EQUIS.	R(COSTED)EQUIS.	R(GROSS) CHARGES	(TIME) SPENT	(ASSIGNED) TIME	(
13	14	15	16	17	18	20)
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENE							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVI							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSON							
015 NURSING ADMINISTRATIO		124					
016 CENTRAL SERVICES & SU			4,122,667				
017 PHARMACY			977,076	1,210,933			
018 MEDICAL RECORDS & LIB			6,839		103,546,891		
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHET							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY &							
024 I&R SERVICES-OTHER PR							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CN							
027 ADULTS & PEDIATRICS		42	185,508	1,717	8,818,345		
028 INTENSIVE CARE UNIT		13	54,865	255	4,207,077		
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE U							
033 SURGICAL INTENSIVE CA							
034 SUBPROVIDER							
035 NURSERY		5	30,663		697,550		
036 SKILLED NURSING FACIL							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST C							
041 OPERATING ROOM		30	1,102,974	8,358	17,572,341		
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR		5	30,662		1,265,334		
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC			251,336	155,216	18,737,251		
046 RADIOLOGY-THERAPEUTIC		4	16,383		3,515,534		
047 RADIOISOTOPE							
048 LABORATORY			744,154	79	13,552,638		
049 PBP CLINICAL LAB SERV							
050 WHOLE BLOOD & PACKED							
051 BLOOD STORING, PROCES							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY			68,194	493	6,293,261		
054 PHYSICAL THERAPY			88,150	1,747	2,924,182		
055 OCCUPATIONAL THERAPY							
056 SPEECH PATHOLOGY							
057 ELECTROCARDIOLOGY							
058 ELECTROENCEPHALOGRAPH							
059 MEDICAL SUPPLIES CHAR					6,841,452		
060 DRUGS CHARGED TO PATI			362,259	990,910	8,789,664		
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PAR							
063 OUTPAT SERVICE COST C							
064 CLINIC							
065 01 CLINIC			22		619		
066 02 CLINIC							
067 03 CLINIC		4	72,062	51,468	74,298		
068 04 CLINIC							
069 EMERGENCY		21	131,520	690	10,257,345		
070 OBSERVATION BEDS (NON							
071 OTHER REIMBURS COST C							
072 HOME PROGRAM DIALYSIS							
073 AMBULANCE SERVICES							
074 DURABLE MEDICAL EQUIP							
075 DURABLE MEDICAL EQUIP							
076 CORF							
077 I&R SERVICES-NOT APPR							
078 HOME HEALTH AGENCY							
079 SPEC PURPOSE COST CEN							
080 AMBULATORY SURGICAL C							
081 HOSPICE							
082 SUBTOTALS		124	4,122,667	1,210,933	103,546,891		
083 NONREIMBURS COST CENT							
084 GIFT, FLOWER, COFFEE							
085 01 GIFT, FLOWER, COFFEE							

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I 15-0076 I FROM 7/ 1/2007 I WORKSHEET B-1

I TO 6/30/2008 I

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS
	(NUMBER HOUSED	(NURSING FTES)	(COSTED)EQUIS.	R(COSTED)EQUIS.	R(GROSS) CHARGES	(TIME) SPENT	(ASSIGNED) TIME
	13	14	15	16	17	18	20
NONREIMBURS COST CENT							
096 02 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
098 01 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		697,845	188,559	868,941	1,196,832		
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		5,627.782258		.717580			
(WRKSHT B, PT I)			.045737		.011558		
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		14,084	49,780	82,528	70,896		
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		113.580645		.068152			
(WRKSHT B, PT III)			.012075		.000685		

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
COST ALLOCATION - STATISTICAL BASIS	I	15-0076	I	FROM 7/ 1/2007	I	WORKSHEET B-1
	I		I	TO 6/30/2008	I	

COST CENTER	NURSING SCHOO	I&R SERVICES-	I&R SERVICES-	PARAMED ED PR
DESCRIPTION	L	SALARY & FRI	OTHER PRGM C	GM
	(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED
	TIME) TIME) TIME) TIME
	21	22	23	24
001	GENERAL SERVICE COST			
002	OLD CAP REL COSTS-BLD			
003	OLD CAP REL COSTS-MVB			
004	NEW CAP REL COSTS-BLD			
005	NEW CAP REL COSTS-MVB			
006	EMPLOYEE BENEFITS			
007	ADMINISTRATIVE & GENE			
008	MAINTENANCE & REPAIRS			
009	OPERATION OF PLANT			
010	LAUNDRY & LINEN SERVI			
011	HOUSEKEEPING			
012	DIETARY			
013	CAFETERIA			
014	MAINTENANCE OF PERSON			
015	NURSING ADMINISTRATIO			
016	CENTRAL SERVICES & SU			
017	PHARMACY			
018	MEDICAL RECORDS & LIB			
020	SOCIAL SERVICE			
021	NONPHYSICIAN ANESTHET			
022	NURSING SCHOOL			
023	I&R SERVICES-SALARY &			
024	I&R SERVICES-OTHER PR			
	PARAMED ED PRGM			
025	INPAT ROUTINE SRVC CN			
026	ADULTS & PEDIATRICS			
027	INTENSIVE CARE UNIT			
028	CORONARY CARE UNIT			
029	BURN INTENSIVE CARE U			
031	SURGICAL INTENSIVE CA			
033	SUBPROVIDER			
034	NURSERY			
035	SKILLED NURSING FACIL			
036	NURSING FACILITY			
01	ICF/MR			
037	OTHER LONG TERM CARE			
	ANCILLARY SRVC COST C			
038	OPERATING ROOM			
039	RECOVERY ROOM			
040	DELIVERY ROOM & LABOR			
041	ANESTHESIOLOGY			
042	RADIOLOGY-DIAGNOSTIC			
043	RADIOLOGY-THERAPEUTIC			
044	RADIOISOTOPE			
045	LABORATORY			
046	PBP CLINICAL LAB SERV			
047	WHOLE BLOOD & PACKED			
048	BLOOD STORING, PROCES			
049	INTRAVENOUS THERAPY			
050	RESPIRATORY THERAPY			
051	PHYSICAL THERAPY			
052	OCCUPATIONAL THERAPY			
053	SPEECH PATHOLOGY			
054	ELECTROCARDIOLOGY			
055	ELECTROENCEPHALOGRAPH			
056	MEDICAL SUPPLIES CHAR			
057	DRUGS CHARGED TO PATI			
058	RENAL DIALYSIS			
	ASC (NON-DISTINCT PAR			
060	OUTPAT SERVICE COST C			
060	CLINIC			
060	01 CLINIC			
060	02 CLINIC			
060	03 CLINIC			
060	04 CLINIC			
061	EMERGENCY			
062	OBSERVATION BEDS (NON			
	OTHER REIMBURS COST C			
064	HOME PROGRAM DIALYSIS			
065	AMBULANCE SERVICES			
066	DURABLE MEDICAL EQUIP			
067	DURABLE MEDICAL EQUIP			
069	CORF			
070	I&R SERVICES-NOT APPR			
071	HOME HEALTH AGENCY			
	SPEC PURPOSE COST CEN			
092	AMBULATORY SURGICAL C			
093	HOSPICE			
095	SUBTOTALS			
	NONREIMBURS COST CENT			
096	GIFT, FLOWER, COFFEE			
096	01 GIFT, FLOWER, COFFEE			

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
COST ALLOCATION - STATISTICAL BASIS	I	15-0076	I	FROM 7/ 1/2007	I	WORKSHEET B-1
	I		I	TO 6/30/2008	I	

COST CENTER		NURSING SCHOO	I&R SERVICES-	I&R SERVICES-	PARAMED ED PR
DESCRIPTION		L	SALARY & FRI	OTHER PRGM C	GM
		(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED
		TIME) TIME) TIME) TIME
		21	22	23	24
	NONREIMBURS COST CENT				
096	02 GIFT, FLOWER, COFFEE				
097	RESEARCH				
098	PHYSICIANS' PRIVATE O				
098	01 PHYSICIANS' PRIVATE O				
099	NONPAID WORKERS				
101	CROSS FOOT ADJUSTMENT				
102	NEGATIVE COST CENTER				
103	COST TO BE ALLOCATED				
	(PER WRKSHT B, PART				
104	UNIT COST MULTIPLIER				
	(WRKSHT B, PT I)				
105	COST TO BE ALLOCATED				
	(PER WRKSHT B, PART				
106	UNIT COST MULTIPLIER				
	(WRKSHT B, PT II)				
107	COST TO BE ALLOCATED				
	(PER WRKSHT B, PART				
108	UNIT COST MULTIPLIER				
	(WRKSHT B, PT III)				

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	7,900,349		7,900,349			
26	INTENSIVE CARE UNIT	4,207,077		4,207,077			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	697,550		697,550			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,035,068	11,537,273	17,572,341	.428428	.428428	.428428
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	1,247,813	17,521	1,265,334	.552536	.552536	.552536
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,598,887	15,138,364	18,737,251	.170883	.170883	.170883
42	RADIOLOGY-THERAPEUTIC	8,623	3,506,911	3,515,534	.336633	.336633	.336633
43	RADIOISOTOPE						
44	LABORATORY	2,897,910	10,654,728	13,552,638	.318696	.318696	.318696
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,978,035	3,315,226	6,293,261	.244428	.244428	.244428
50	PHYSICAL THERAPY	592,093	2,332,089	2,924,182	.651010	.651010	.651010
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	3,496,150	3,345,302	6,841,452	.100276	.100276	.100276
56	DRUGS CHARGED TO PATIENTS	5,748,266	3,041,398	8,789,664	.246077	.246077	.246077
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CLINIC		619	619	.463651	.463651	.463651
60 02	CLINIC						
60 03	CLINIC		74,298	74,298	6.765673	6.765673	6.765673
60 04	CLINIC						
61	EMERGENCY	1,038,728	9,218,617	10,257,345	.279248	.279248	.279673
62	OBSERVATION BEDS (NON-DIS	52,048	865,948	917,996	.388175	.388175	.388175
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	40,498,597	63,048,294	103,546,891			
102	LESS OBSERVATION BEDS						
103	TOTAL	40,498,597	63,048,294	103,546,891			

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B,III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				409,799		409,799
27	INTENSIVE CARE UNIT				113,714		113,714
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
101	NURSERY				11,920		11,920
	TOTAL				535,433		535,433

WKST A	COST CENTER DESCRIPTION	TOTAL	INPATIENT	OLD CAPITAL	INPAT PROGRAM	NEW CAPITAL	INPAT PROGRAM
LINE NO.		PATIENT DAYS	PROGRAM DAYS	PER DIEM	OLD CAP CST	PER DIEM	NEW CAP CST
		7	8	9	10	11	12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	7,781	3,815			52.67	200,936
26	INTENSIVE CARE UNIT	1,567	961			72.57	69,740
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	627				19.01	
101	TOTAL	9,975	4,776				270,676

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(09/1996) CONTD

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I 15-0076 I FROM 7/ 1/2007 I WORKSHEET D

I COMPONENT NO: I TO 6/30/2008 I PART II

I 15-0076 I

PPS

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.031756	112,528
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO	.014723	41
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.033058	68,186
42	RADIOLOGY-THERAPEUTIC	.067463	582
43	RADIOISOTOPE		
44	LABORATORY	.010618	18,669
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.020157	40,175
50	PHYSICAL THERAPY	.027221	12,201
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.001251	1,298
56	DRUGS CHARGED TO PATIENTS	.009742	28,828
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	CLINIC	.003231	
60 02	CLINIC		
60 03	CLINIC	.154432	
60 04	CLINIC		
61	EMERGENCY	.016696	7,267
62	OBSERVATION BEDS (NON-DIS	.024038	753
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		290,528

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

SERVICE OTHER PASS THROUGH COSTS I 15-0076 I FROM 7/ 1/2007 I WORKSHEET D

TITLE XVIII, PART A I TO 6/30/2008 I PART III

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED EDUCATN	SWING BED	TOTAL	TOTAL	PER DIEM
LINE NO.		ANESTHETIST	COST	ADJ AMOUNT	COSTS	PATIENT DAYS	
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					7,781	
26	INTENSIVE CARE UNIT					1,567	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY					627	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					9,975	

Health Financial Systems	MCRIF32	FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS	IN LIEU OF FORM CMS-2552-96 (11/1998)
APPORTIONMENT OF INPATIENT ROUTINE		I PROVIDER NO:	I PERIOD:
SERVICE OTHER PASS THROUGH COSTS		I 15-0076	I FROM 7/ 1/2007 I PREPARED 11/24/2008
TITLE XVIII, PART A		I TO 6/30/2008	I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	3,815	
26	INTENSIVE CARE UNIT	961	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL	4,776	

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(04/2005)
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 OTHER PASS THROUGH COSTS I 15-0076 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 15-0076 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.	ANESTHETIST		SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
	1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY					
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	CLINIC					
60 02	CLINIC					
60 03	CLINIC					
60 04	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL					

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 OTHER PASS THROUGH COSTS I 15-0076 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 15-0076 I I

TITLE XVIII, PART A		HOSPITAL		PPS					
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P COST	RATIO OF COST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5		5.01	6	7
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM			17,572,341				3,543,515	
38	RECOVERY ROOM								
39	DELIVERY ROOM & LABOR ROO			1,265,334				2,764	
40	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC			18,737,251				2,062,627	
42	RADIOLOGY-THERAPEUTIC			3,515,534				8,623	
43	RADIOISOTOPE								
44	LABORATORY			13,552,638				1,758,232	
45	PBP CLINICAL LAB SERVICES								
46	WHOLE BLOOD & PACKED RED								
47	BLOOD STORING, PROCESSING								
48	INTRAVENOUS THERAPY								
49	RESPIRATORY THERAPY			6,293,261				1,993,120	
50	PHYSICAL THERAPY			2,924,182				448,233	
51	OCCUPATIONAL THERAPY								
52	SPEECH PATHOLOGY								
53	ELECTROCARDIOLOGY								
54	ELECTROENCEPHALOGRAPHY								
55	MEDICAL SUPPLIES CHARGED			6,841,452				1,037,437	
56	DRUGS CHARGED TO PATIENTS			8,789,664				2,959,119	
57	RENAL DIALYSIS								
58	ASC (NON-DISTINCT PART)								
	OUTPAT SERVICE COST CNTRS								
60	CLINIC								
60 01	CLINIC			619					
60 02	CLINIC								
60 03	CLINIC			74,298					
60 04	CLINIC								
61	EMERGENCY			10,257,345				435,253	
62	OBSERVATION BEDS (NON-DIS			917,996				31,323	
	OTHER REIMBURS COST CNTRS								
64	HOME PROGRAM DIALYSIS								
65	AMBULANCE SERVICES								
66	DURABLE MEDICAL EQUIP-REN								
67	DURABLE MEDICAL EQUIP-SOL								
101	TOTAL			90,741,915				14,280,246	

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 OTHER PASS THROUGH COSTS I 15-0076 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 15-0076 I I

TITLE XVIII, PART A		HOSPITAL				PPS	
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,754,256					
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	4,167,863					
42	RADIOLOGY-THERAPEUTIC	1,933,927					
43	RADIOISOTOPE						
44	LABORATORY	438,181					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,110,453					
50	PHYSICAL THERAPY	15,216					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	591,561					
56	DRUGS CHARGED TO PATIENTS	1,040,659					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CLINIC						
60	02 CLINIC						
60	03 CLINIC						
60	04 CLINIC						
61	EMERGENCY	762,794					
62	OBSERVATION BEDS (NON-DIS	97,951					
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	12,912,861					

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(05/2004) CONTD

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
	I	15-0076	I	FROM	I	7/ 1/2007
	I	COMPONENT NO:	I	TO	I	6/30/2008
	I	15-0076	I		I	PART V

TITLE XVIII, PART B HOSPITAL

	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
44 LABORATORY			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS			
47 BLOOD STORING, PROCESSING & TRANS.			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
58 ASC (NON-DISTINCT PART)			
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 01 CLINIC			
60 02 CLINIC			
60 03 CLINIC			
60 04 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
64 OTHER REIMBURS COST CNTRS			
64 HOME PROGRAM DIALYSIS			
65 AMBULANCE SERVICES			
66 DURABLE MEDICAL EQUIP-RENTED			
67 DURABLE MEDICAL EQUIP-SOLD			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
104 PROGRAM ONLY CHARGES			
104 NET CHARGES			

(A) WORKSHEET A LINE NUMBERS
(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)


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1  DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2  PROGRAM VACCINE CHARGES
3  PROGRAM COSTS

```

$$\begin{array}{r} 1 \\ .246077 \\ \underline{162} \\ 40 \end{array}$$

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B,III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				409,799		409,799
27	INTENSIVE CARE UNIT				113,714		113,714
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
32							
33	NURSERY				11,920		11,920
101	TOTAL				535,433		535,433

WKST A	COST CENTER DESCRIPTION	TOTAL	INPATIENT	OLD CAPITAL	INPAT PROGRAM	NEW CAPITAL	INPAT PROGRAM
LINE NO.		PATIENT DAYS	PROGRAM DAYS	PER DIEM	OLD CAP CST	PER DIEM	NEW CAP CST
		7	8	9	10	11	12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	7,781	881			52.67	46,402
26	INTENSIVE CARE UNIT	1,567	73			72.57	5,298
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	627	404			19.01	7,680
101	TOTAL	9,975	1,358				59,380

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(09/1996)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I 15-0076 I FROM 7/ 1/2007 I WORKSHEET D

I COMPONENT NO: I TO 6/30/2008 I PART II

I 15-0076 I I

TITLE XIX		HOSPITAL		PPS			
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL	
LINE NO.		RELATED COST	RELATED COST	CHARGES	CHARGES	CST/CHRG RATIO	COSTS
		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		558,027	17,572,341	738,623		
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO		18,630	1,265,334	441,726		
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		619,422	18,737,251	201,463		
42	RADIOLOGY-THERAPEUTIC		237,167	3,515,534			
43	RADIOISOTOPE						
44	LABORATORY		143,896	13,552,638	239,668		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		126,856	6,293,261	123,533		
50	PHYSICAL THERAPY		79,599	2,924,182	15,752		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		8,561	6,841,452			
56	DRUGS CHARGED TO PATIENTS		85,630	8,789,664	558,660		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CLINIC		2	619			
60 02	CLINIC		1,818				
60 03	CLINIC		11,474	74,298			
60 04	CLINIC		65				
61	EMERGENCY		171,260	10,257,345	73,539		
62	OBSERVATION BEDS (NON-DIS		22,067	917,996			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		2,084,474	90,741,915	2,392,964		

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(09/1996) CONTD

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I 15-0076 I FROM 7/ 1/2007 I WORKSHEET D

I COMPONENT NO: I TO 6/30/2008 I PART II

I 15-0076 I

PPS

TITLE XIX		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.031756	23,456
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO	.014723	6,504
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.033058	6,660
42	RADIOLOGY-THERAPEUTIC	.067463	
43	RADIOISOTOPE		
44	LABORATORY	.010618	2,545
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.020157	2,490
50	PHYSICAL THERAPY	.027221	429
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.001251	
56	DRUGS CHARGED TO PATIENTS	.009742	5,442
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	CLINIC	.003231	
60 02	CLINIC		
60 03	CLINIC	.154432	
60 04	CLINIC		
61	EMERGENCY	.016696	1,228
62	OBSERVATION BEDS (NON-DIS	.024038	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		48,754

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

SERVICE OTHER PASS THROUGH COSTS I 15-0076 I FROM 7/ 1/2007 I WORKSHEET D

TITLE XIX I TO 6/30/2008 I PART III

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED EDUCATN	SWING BED	TOTAL	TOTAL	PER DIEM
LINE NO.		ANESTHETIST	COST	ADJ AMOUNT	COSTS	PATIENT DAYS	
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					7,781	
26	INTENSIVE CARE UNIT					1,567	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY					627	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					9,975	

Health Financial Systems	MCRIF32	FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS	IN LIEU OF FORM CMS-2552-96 (11/1998)
APPORTIONMENT OF INPATIENT ROUTINE		I PROVIDER NO:	I PERIOD:
SERVICE OTHER PASS THROUGH COSTS		I 15-0076	I FROM 7/ 1/2007
TITLE XIX		I TO 6/30/2008	I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		881
26	INTENSIVE CARE UNIT		73
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		404
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL		1,358

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(04/2005)
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 OTHER PASS THROUGH COSTS I 15-0076 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 15-0076 I I

TITLE XIX		HOSPITAL	PPS			
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.	ANESTHETIST		SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS	1.01				
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY					
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 CLINIC					
60	02 CLINIC					
60	03 CLINIC					
60	04 CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL					

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 OTHER PASS THROUGH COSTS I 15-0076 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 15-0076 I I

TITLE XIX		HOSPITAL		PPS					
WKST A	COST CENTER DESCRIPTION	TOTAL	O/P PASS THRU	TOTAL	RATIO OF COST O/P RATIO OF	INPAT PROG	INPAT PROG		
LINE NO.		COSTS	COSTS	CHARGES	TO CHARGES CST TO CHARGES	CHARGE	PASS THRU COST		
		3	3.01	4	5	6	7		
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM			17,572,341		738,623			
38	RECOVERY ROOM								
39	DELIVERY ROOM & LABOR ROO			1,265,334		441,726			
40	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC			18,737,251		201,463			
42	RADIOLOGY-THERAPEUTIC			3,515,534					
43	RADIOISOTOPE								
44	LABORATORY			13,552,638		239,668			
45	PBP CLINICAL LAB SERVICES								
46	WHOLE BLOOD & PACKED RED								
47	BLOOD STORING, PROCESSING								
48	INTRAVENOUS THERAPY								
49	RESPIRATORY THERAPY			6,293,261		123,533			
50	PHYSICAL THERAPY			2,924,182		15,752			
51	OCCUPATIONAL THERAPY								
52	SPEECH PATHOLOGY								
53	ELECTROCARDIOLOGY								
54	ELECTROENCEPHALOGRAPHY								
55	MEDICAL SUPPLIES CHARGED			6,841,452					
56	DRUGS CHARGED TO PATIENTS			8,789,664		558,660			
57	RENAL DIALYSIS								
58	ASC (NON-DISTINCT PART)								
	OUTPAT SERVICE COST CNTRS								
60	CLINIC								
60 01	CLINIC			619					
60 02	CLINIC								
60 03	CLINIC			74,298					
60 04	CLINIC								
61	EMERGENCY			10,257,345		73,539			
62	OBSERVATION BEDS (NON-DIS			917,996					
	OTHER REIMBURS COST CNTRS								
64	HOME PROGRAM DIALYSIS								
65	AMBULANCE SERVICES								
66	DURABLE MEDICAL EQUIP-REN								
67	DURABLE MEDICAL EQUIP-SOL								
101	TOTAL			90,741,915		2,392,964			

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
 OTHER PASS THROUGH COSTS I 15-0076 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 15-0076 I I

TITLE XIX		HOSPITAL				PPS	
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CLINIC						
60	02 CLINIC						
60	03 CLINIC						
60	04 CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII PART A	HOSPITAL	PPS
PART I - ALL PROVIDER COMPONENTS		

TITLE XVIII PART A HOSPITAL PPS
 PART II - HOSPITAL AND SUBPROVIDERS ONLY

						1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					850.46
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					3,244,505
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					3,244,505
		TOTAL	TOTAL	AVERAGE	PROGRAM	PROGRAM
		I/P COST	I/P DAYS	PER DIEM	DAYS	COST
		1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT					
	HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	2,168,234	1,567	1,383.68	961	1,329,716
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
						1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					4,180,448
49	TOTAL PROGRAM INPATIENT COSTS					8,754,669
	PASS THROUGH COST ADJUSTMENTS					
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					270,676
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					290,528
52	TOTAL PROGRAM EXCLUDABLE COST					561,204
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					8,193,465
	TARGET AMOUNT AND LIMIT COMPUTATION					
54	PROGRAM DISCHARGES					
55	TARGET AMOUNT PER DISCHARGE					
56	TARGET AMOUNT					
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					
58	BONUS PAYMENT					
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET					
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET					
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.					
58.04	RELIEF PAYMENT					
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT					
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)					
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1					
59.03	PROGRAM DISCHARGES AFTER JULY 1					
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)					
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)					
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)					
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)					
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)					
	PROGRAM INPATIENT ROUTINE SWING BED COST					
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)					
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)					
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS					
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS					

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(05/2004) CONTD

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
I	15-0076	I	FROM 7/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 6/30/2008	I	PART III
I	15-0076	I		I	

TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
SERVICE COST

67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM

68 PROGRAM ROUTINE SERVICE COST

69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM

70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS

71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS

72 PER DIEM CAPITAL-RELATED COSTS

73 PROGRAM CAPITAL-RELATED COSTS

74 INPATIENT ROUTINE SERVICE COST

75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS

76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION

77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION

78 INPATIENT ROUTINE SERVICE COST LIMITATION

79 REASONABLE INPATIENT ROUTINE SERVICE COSTS

80 PROGRAM INPATIENT ANCILLARY SERVICES

81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION

82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	419
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	850.46
85	OBSERVATION BED COST	356,343

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		6,617,413		356,343	
87 NEW CAPITAL-RELATED COST	409,799	6,617,413	.061927	356,343	22,067
88 NON PHYSICIAN ANESTHETIST		6,617,413		356,343	
89 MEDICAL EDUCATION		6,617,413		356,343	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P	HOSPITAL	PPS
PART I - ALL PROVIDER COMPONENTS		

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					850.46
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					749,255
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					749,255
		TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
		1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)	668,637	627	1,066.41	404	430,830
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	2,168,234	1,567	1,383.68	73	101,009
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
						1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					869,815
49	TOTAL PROGRAM INPATIENT COSTS					2,150,909
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					59,380
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					48,754
52	TOTAL PROGRAM EXCLUDABLE COST					108,134
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					2,042,775
TARGET AMOUNT AND LIMIT COMPUTATION						
54	PROGRAM DISCHARGES					
55	TARGET AMOUNT PER DISCHARGE					
56	TARGET AMOUNT					
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					
58	BONUS PAYMENT					
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET					
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET					
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.					
58.04	RELIEF PAYMENT					
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT					
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)					
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1					
59.03	PROGRAM DISCHARGES AFTER JULY 1					
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)					
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)					
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)					
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)					
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)					
PROGRAM INPATIENT ROUTINE SWING BED COST						
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)					
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)					
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS					
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS					

TITLE XIX - I/P HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
SERVICE COST

67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM

68 PROGRAM ROUTINE SERVICE COST

69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM

70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS

71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS

72 PER DIEM CAPITAL-RELATED COSTS

73 PROGRAM CAPITAL-RELATED COSTS

74 INPATIENT ROUTINE SERVICE COST

75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS

76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION

77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION

78 INPATIENT ROUTINE SERVICE COST LIMITATION

79 REASONABLE INPATIENT ROUTINE SERVICE COSTS

80 PROGRAM INPATIENT ANCILLARY SERVICES

81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION

82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 419

84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 850.46

85 OBSERVATION BED COST 356,343

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		6,617,413		356,343	
87 NEW CAPITAL-RELATED COST	409,799	6,617,413	.061927	356,343	22,067
88 NON PHYSICIAN ANESTHETIST		6,617,413		356,343	
89 MEDICAL EDUCATION		6,617,413		356,343	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

DESCRIPTION		1	1.01
1	DRG AMOUNT		
1	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	1,122,071	
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1,571,174	
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	3,214,993	
1.03	PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05	PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08	SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97	47,282	
2.01	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)		
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD INDIRECT MEDICAL EDUCATION ADJUSTMENT	43.98	
3.01	NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d) (5) (B) (viii)		
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d) (5) (B) (viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06		
3.07	SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13	FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17	SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18	CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
3.21	IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23 PLUS E-3, PT VI, LINE 23		
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
4	DISPROPORTIONATE SHARE ADJUSTMENT PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	2.19	
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	14.26	
4.02	SUM OF LINES 4 AND 4.01	16.45	
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	3.61	
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	213,287	
5	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.		
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	6,168,807	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	6,168,807	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	508,370	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	6,677,177	
17 PRIMARY PAYER PAYMENTS	11,984	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	6,665,193	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	719,616	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	6,864	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	78,366	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	54,856	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	5,993,569	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		
RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	5,993,569	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	5,937,791	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	55,778	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,847	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	3,530,652	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	3,079,773	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.906	.906
1.04	LINE 1.01 TIMES LINE 1.03.	3,198,771	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	96.28	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	107,098	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	5,847	
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	24,148	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	24,148	
	CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	24,148	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	18,301	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,847	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	3,186,871	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	130	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	893,309	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,299,279	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	2,299,279	
24	PRIMARY PAYER PAYMENTS	2,994	
25	SUBTOTAL	2,296,285	
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	89,050	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	62,335	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
28	SUBTOTAL	2,358,620	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	-81	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	2,358,701	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	2,719,266	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	-360,565	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (11/1998)
I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0076 I FROM 7/ 1/2007 I WORKSHEET E-1
I COMPONENT NO: I TO 6/30/2008 I
I 15-0076 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,932,667		2,726,959
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	1/14/2008	5,124		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50			1/14/2008	7,693
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		5,124		-7,693
4 TOTAL INTERIM PAYMENTS		5,937,791		2,719,266
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .53				
TENTATIVE TO PROGRAM .54				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY				
NAME OF INTERMEDIARY:				
INTERMEDIARY NO:				
SIGNATURE OF AUTHORIZED PERSON: _____				
DATE: ____/____/____				

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
CALCULATION OF REIMBURSEMENT SETTLEMENT	I	15-0076	I	FROM 7/ 1/2007	I	WORKSHEET E-3
	I	COMPONENT NO:	I	TO 6/30/2008	I	PART III
	I	-	I		I	

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	HOSPITAL	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
11	COMPUTATION OF LESSER OF COST OR CHARGES			
12	REASONABLE CHARGES			
13	ROUTINE SERVICE CHARGES		7,900,349	
14	ANCILLARY SERVICE CHARGES		2,392,964	
15	INTERNS AND RESIDENTS SERVICE CHARGES			
16	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
17	TEACHING PHYSICIANS			
18	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
19	TOTAL REASONABLE CHARGES		10,293,313	
20	CUSTOMARY CHARGES			
21	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
22	PAYMENT FOR SERVICES ON A CHARGE BASIS			
23	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
24	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
25	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
26	RATIO OF LINE 17 TO LINE 18			
27	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		10,293,313	
28	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		10,293,313	
29	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
30	COST OF COVERED SERVICES			
31	PROSPECTIVE PAYMENT AMOUNT			
32	OTHER THAN OUTLIER PAYMENTS			
33	OUTLIER PAYMENTS			
34	PROGRAM CAPITAL PAYMENTS			
35	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
36	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
37	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
38	SUBTOTAL			
39	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		9,807,910	
40	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
41	XVIII ENTER AMOUNT FROM LINE 30			
42	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
43	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
44	EXCESS OF REASONABLE COST			
45	SUBTOTAL			
46	COINSURANCE			
47	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
48	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
49	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
50	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
51	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
52	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
53	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
54	UTILIZATION REVIEW			
55	SUBTOTAL (SEE INSTRUCTIONS)			
56	INPATIENT ROUTINE SERVICE COST			
57	MEDICARE INPATIENT ROUTINE CHARGES			
58	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
59	PAYMENT FOR SERVICES ON A CHARGE BASIS			
60	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
61	FOR PAYMENT OF PART A SERVICES			
62	RATIO OF LINE 43 TO 44			
63	TOTAL CUSTOMARY CHARGES			
64	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
65	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
66	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
67	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
68	OTHER ADJUSTMENTS (SPECIFY)			
69	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
70	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
71	SUBTOTAL			
72	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
73	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
74	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
75	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
76	INTERIM PAYMENTS			
77	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
78	BALANCE DUE PROVIDER/PROGRAM			
79	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
CALCULATION OF REIMBURSEMENT SETTLEMENT I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0076 I FROM 7/ 1/2007 I WORKSHEET E-3
I COMPONENT NO: I TO 6/30/2008 I PART III
I - I

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX

HOSPITAL

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	24,743,000			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	9,570,000			
5 OTHER RECEIVABLES	214,000			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,946,000			
7 INVENTORY	998,000			
8 PREPAID EXPENSES	197,000			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	33,776,000			
FIXED ASSETS				
12 LAND	478,000			
12.01				
13 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	18,389,000			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	18,867,000			
OTHER ASSETS				
22 INVESTMENTS	264,000			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	49,000			
26 TOTAL OTHER ASSETS	313,000			
27 TOTAL ASSETS	52,956,000			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		41,729,000		
	OF PERIOD				
2	NET INCOME (LOSS)		1,602,519		
3	TOTAL		43,331,519		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		43,331,519		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	DEDUCTIONS (DEBIT ADJUSTM				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF		43,331,519		
	PERIOD PER BALANCE SHEET				

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING				
	OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	DEDUCTIONS (DEBIT ADJUSTM				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF				
	PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	9,899,254		9,899,254
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	9,899,254		9,899,254
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	4,226,327		4,226,327
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	4,226,327		4,226,327
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	14,125,581		14,125,581
17 00 ANCILLARY SERVICES	26,450,113	63,251,621	89,701,734
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	40,575,694	63,251,621	103,827,315

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	42,232,796
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	42,232,796

DESCRIPTION

1	TOTAL PATIENT REVENUES	103,827,315
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	59,799,000
3	NET PATIENT REVENUES	44,028,315
4	LESS: TOTAL OPERATING EXPENSES	42,232,796
5	NET INCOME FROM SERVICE TO PATIENTS	1,795,519
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	-1,238,000
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	452,000
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	593,000
25	TOTAL OTHER INCOME	-193,000
26	TOTAL	1,602,519
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,602,519

Health Financial Systems	MCRIF32	FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS	IN LIEU OF FORM CMS-2552-96 (2/2006)
CALCULATION OF CAPITAL PAYMENT		I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008	
		I 15-0076 I FROM 7/ 1/2007 I WORKSHEET L	
		I COMPONENT NO: I TO 6/30/2008 I PARTS I-IV	
		I 15-0076 I	
TITLE XVIII, PART A	HOSPITAL	FULLY PROSPECTIVE METHOD	

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	505,343
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	3,027
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	24.40
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	508,370
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (2/2006)

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2008
	I	15-0076	I	FROM 7/ 1/2007	I	WORKSHEET L
	I	COMPONENT NO:	I	TO 6/30/2008	I	PARTS I-IV
	I	15-0076	I		I	

CALCULATION OF CAPITAL PAYMENT

TITLE XIX HOSPITAL FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	24.40
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPTIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

***FINGERPRINT Line 1 P8KCCFQQw14secm3CWpkOPC2YfwMb0
 ***FINGERPRINT Line 2 h9Bjf01IstOu2QZzyjtSd0k7OotZec
 ***FINGERPRINT Line 3 G7505MBq0X0ve::7